

Miami-Dade County
Statement of Personal History
(All Applicants and Guarantors)

Date: _____

Loan Amount Requested: \$_____ (maximum of \$35,000)

Current Residency Information:

Name (first, last, middle initial): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Resided at this location, from _____ to _____

Home Telephone No.: () _____

Business Telephone No.: () _____

Social Security No.: _____ Date of Birth: _____

Place of Birth (City, State and Country): _____

Are you an U.S. Citizen? ____ Yes ____ No

If no, give Alien Registration #: _____

Immediate Past Residency Information:

Address (City, State, Zip Code): _____

Resided at this location, from _____ to _____

BE SURE TO ANSWER THE NEXT THREE (3) QUESTIONS CORRECTLY
BECAUSE THEY ARE **IMPORTANT**. THE FACT THAT YOU HAVE AN ARREST
OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU BUT
AN INCORRECT ANSWER WILL PROBABLY CAUSE YOUR APPLICATION TO
BE TURNED DOWN.

1. Are you presently under indictment, on parole or probation? ___Yes___ No If yes, furnish details on a separate sheet. List name(s) under which held, if applicable.

2. Have you ever been charge with or arrested for any criminal offense other than minor motor vehicle violation? _____Yes _____ No

3. Have you ever been convicted of any criminal offense other than a minor motor vehicle violation? _____Yes _____ No If yes, furnish details on a separate sheet. List name(s) under which convicted or arrested, if applicable.

Credit References: (list personal loans [debt] outstanding)

<u>Name</u>	<u>Address</u>	<u>Account Number</u>	<u>Amount Outstanding</u>	<u>Monthly Payment</u>

The information on this form will be used in connection with an investigation of your credit and character. Any additional information you wish to submit, that could help to expedite this investigation should be set forth.

Signature

Title

Date

(This Statement of Personal History is to be notarized)

Miami-Dade County
Countywide Business Road Impact Assistance Loan Program
Standard Loan Application

Date: _____

Loan Amount Requested: \$ _____, (maximum of \$35,000)

Eligibility Criteria: _____
(To be completed by OCI)

Financial impact to the organization: \$ _____

Applicant Information:

Name of Applicant: _____ Social Security No.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone No.: (____) _____

Cellular Telephone No.: (____) _____

Pager No.: (____) _____

Business Information:

Name of Applicant Business: _____

Full Street Address of Business: _____

City: _____ State: _____ Zip Code: _____

Business Telephone No.: (____) _____ Fax No.: (____) _____

Type of Business: _____

Number of years at current location: _____

Number of years in business overall: _____

Number of employees at time of application: _____

Number of employees if loan is approved: _____

Federal Employer Identification Number: _____

Are you the principal owner? (Yes) (No)

Management: (Proprietor, partners, officers, directors, all holders of outstanding stock, percentage ownership must be shown)

Name, Title, Address, Social Security Number:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

(use a separate sheet if necessary)

Business Bank Information:

Name of Bank, Address, Bank Representative Name(s) and Telephone Number(s), Account Type(s), Account Number(s):

(use a separate sheet if necessary)

<u>Bank</u>	<u>Savings Account(s)</u> <u>No.</u>	<u>Account Balance</u>	<u>As of Date</u> (most recent bank statement)
		\$	
		\$	
		\$	

<u>Bank</u>	<u>Checking Account(s)</u> <u>No.</u>	<u>Account Balance</u>	<u>As of Date</u> (most recent bank statement)
		\$	
		\$	
		\$	

Business Indebtedness:

<u>Payable to:</u>	<u>Amt.</u>	<u>Date</u>	<u>Current</u> <u>Balance</u>	<u>Interest</u> <u>Rate of</u>	<u>Monthly</u> <u>Payment</u>	<u>Collateral</u>	<u>Maturity</u> <u>Date</u>	<u>Paid Up-</u> <u>To-Date</u>
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				<u>the Loan</u>				

Have you ever applied and/or received a loan from a government entity, specifically Miami-Dade County, the State of Florida, or other local government entities (please provide the information on the table shown below)?

<u>Agency</u>	<u>Loan Amt.</u>	<u>Date of Request</u>	<u>Purpose</u>	<u>Approved or Declined</u>	<u>Outstanding Balance</u>	<u>Paid Up-To-Date</u>

Per Administrative Order No. 3-29:

Administrative Order No.3-29 requires borrowers to assign to the County proceeds of any contract with Miami-Dade County or any its agencies or instrumentalities in order to secure the repayment of the loan. This pertains to the Applicant (borrower) or any firm, corporation, partnership or joint venture in which the borrower has a controlling financial interest is a party. Additionally, failure to meet the terms and conditions of an approved payment plan will constitute a default of the subject contract and may be cause for suspension, termination and debarment, in accordance with the terms of the contract and the debarment procedures of the County.

Do you provide any contracted services, as a vendor, to Miami-Dade County? If so, please provide the following information.

<u>County Department</u>	<u>Contact Person and Telephone</u>	<u>Type of Service/Goods Provided</u>
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	<u>Number</u>	

Use of Proceeds: *(please indicate amount)*

<u>Type:</u>	<u>Amount:</u>
Working Capital <i>(list)</i>	
Inventory <i>(indicate type)</i>	
Repairs/Maintenance <i>(list)</i>	
Debt Payment <i>(list)</i>	
Other	
Total Loan Amount	\$

Additional Information:

1. Have you personally or, any other owner, or officer, or director of the applicant business ever been involved in a bankruptcy or insolvency proceeding? If so, provide details including case number in bankruptcy court.

2. Are you personally or the applicant business involved in any pending lawsuits? If so, provide the Plaintiff/Defendant names, Case No., brief explanation of the litigation.

3. Does your business, its owners or majority stockholders own or have any controlling interest in other businesses? If yes, please provide the names and the relationship to the applicant business. Also provide a current balance sheet and profit/loss statement for each of the other businesses (do not provide the company's internal records).

4. Provide a copy of the required documents as outlined on the Documentation List.

STATEMENT BY APPLICANT

I understand that I am required to provide all records necessary so that the services requested may be performed. Therefore, I hereby authorize this organization to obtain any personal, business or other information deemed necessary in order to furnish the assistance that I am requesting. I hereby waive all claims against Miami-Dade County, its consultants and authorized representatives. Additionally, I certify that the information on this application and documentation provided is true and complete to the best of my knowledge. I agree to pay for any closing costs (i.e., surveys, appraisals, credit reports,

title searches, etc.) associated with this Loan Program and/or services performed by non-County personnel.

Applicant(s):

Signature and Title: _____

Date signed: _____

Guarantor(s):

Signature and Title: _____

Date signed: _____

(This Statement by the applicant is to be notarized)